



ERIE COUNTY

REQUEST FOR PROPOSAL (RFP) TO PROVIDE RENTAL SUPPLEMENTS AND CASE MANAGEMENT

RFP # A2022-002VF

Erie County Department of Social Services

**EDWARD A. RATH COUNTY OFFICE BUILDING
95 FRANKLIN STREET
BUFFALO, NEW YORK 14202**

COUNTY OF ERIE, NEW YORK

REQUEST FOR PROPOSALS (“RFP”) # A2022-002VF

TO PROVIDE RENTAL SUPPLEMENTS

Contents

I.	INTRODUCTION	3
II.	FUNDING AND BUDGET.....	4
III.	PROPOSAL TIMEFRAMES.....	5
IV.	GENERAL REQUIREMENTS	6
V.	SCOPE OF PROFESSIONAL SERVICES REQUIRED.....	8
	INTRODUCTION	8
	HISTORY AND CONTEXT	8
	SCOPE OF WORK.....	8
	GENERAL REQUIREMENTS:.....	9
	COMPENSATION.....	9
	VENDOR EXPERIENCE AND QUALIFICATIONS.....	9
	PERFORMANCE MEASURES AND DATA COLLECTION	9
VI.	STATEMENT OF RIGHTS.....	10
	UNDERSTANDINGS	10
	EVALUATION.....	10
	EVALUATION PROCESS	11
	CONTRACT	11
	INDEMNIFICATION AND INSURANCE.....	12
	INTELLECTUAL PROPERTY RIGHTS.....	12
	NON-COLLUSION.....	13
	CONFLICT OF INTEREST.....	13
	COMPLIANCE WITH LAWS.....	13
	CONTENTS OF PROPOSAL.....	13
	EFFECTIVE PERIOD OF PROPOSALS	14
	ERIE COUNTY EQUAL PAY CERTIFICATION	15
	GUIDELINES FOR STANDARD INSURANCE PROVISIONS REQUIRED.....	16
	PROPOSAL REQUIREMENTS	
	RFP APPENDIXA: Proposal to Provide Service	
	SCHEDULE A	
	RFP APPENDIXB: Fiscal	

I. INTRODUCTION

The County of Erie, New York (the "County") is currently seeking proposals from qualified agencies ("Proposer") interested in providing Rental Supplements and in-person case management. Proposers interested in providing this service are invited to respond to this request.

It is the County's intent to select the Proposer(s) that provides the best solution for the County's needs. Erie County Department of Social Services (ECDSS) is a trauma-informed organization and believes in the power of its principles when serving the citizens of Erie County. Erie County is committed to racial equity.

The County reserves the right to amend this RFP, reject any or all of the proposals, or any part thereof, submitted in response to this RFP, and reserves the right to waive any irregularities or informalities, if such action is deemed to be in the best interest of the County. The County reserves the right to request additional information from any Proposer, and to award negotiated contracts to one or more Proposers.

This RFP is not intended and shall not be construed to commit the County to pay any costs incurred in connection with any proposal or to procure or contract with any firm.

The County will only contract with firms that do not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship status or any other status protected by New York State and Federal laws.

II. FUNDING AND BUDGET

New York State has appropriated \$3,874,868 for the Rental Supplement Program in Erie County for 2022. The selected agency(ies) may utilize up to a total of \$542,482 for administrative costs/case management and \$3,293,637 shall be distributed to eligible individuals and families in Erie county for 2022. Administrative costs are broken into two components outlined in the [Scope of Work](#) - Component 1: \$426,235 and Component 2: \$116,247.

Contracting is contingent upon the approval of the NYS application. The award is subject to annual contract renewal, contingent upon the Proposer's successful performance of project objectives and the continued need and desire for such services as articulated by Erie County DSS. Initial award and renewals are subject to inclusion of funding in the County Executive Recommended Budget and as adopted by the Erie County Legislature, as well as, contingent upon availability of New York State funds appropriated for this purpose. All contract appropriations are subject to Legislative approval.

Future awards will be dependent on available funds and subject to the demonstrated fiscal and programmatic stability of the applicant agency, as well as their meeting all of the Erie County Department of Social Services (ECDSS) requirements.

III. **PROPOSAL TIMEFRAMES**

The following schedule is for informational purposes only. The County reserves the right to amend this schedule at any time.

Issue RFP:	February 14, 2022
Proposals Due:	March 14, 2022
Selection Made by:	May
Contract Signed:	Following all necessary County approvals.

IV. GENERAL REQUIREMENTS

1. Each proposal shall be prepared simply and economically avoiding the use of elaborate promotional materials beyond what is sufficient to provide a complete, accurate and reliable presentation.
2. Your proposal must be comprised of 2 sections:

Appendix A

- Proposal to Provide Service
- Signed Schedule A
- For agencies not currently contracted with ECDSS to provide the requested service: References and data from similar work

Appendix B

- Signed Fiscal Form
 - Most recent Audit report prepared by an independent CPA
 - Most recent Management Letter
 - Listing of Officers and Board of Directors
3. Proposals MUST be signed using the attached Schedule A: Proposer Certification. Unsigned proposals will be rejected.
 4. Submission of the proposals shall be uploaded as two separate documents (Appendix A and Appendix B) to
<https://onbase.erie.gov/appnet/UnityForm.aspx?d1=AUMCpWw2Ud06SVCymYtQ4IxnADQXgKdC7hAzmnNcbMcHHV0wrcLuQrtXeeUZGXeR%2bhZDs0m3GYbLqF%2bMPvpKofjn22Vvv9mRYLJ8omzdKb2G7LPyrZg9VNI0piFN6AEN%2fvKPF%2bfq8GKzMckdQj%2f8lhxw0o1cDQETVecEIQU3a8CBbtdTdbJnm85%2blhL4s1se1rT1HUlfwOkPudyiYPGuu%2fhDqvE2oUZAfsO7RWeIDVzK40PP%2bEcYC92u1vj5f93BA%3d%3d>
 5. If unable to upload the proposal, a printed submission may be submitted to: Erie County Department of Social Services, Attn: Carrie Godfrey, 95 Franklin Street Room 804, Buffalo, NY 14202.
All proposals must be submitted on or before March 14, 2022 at 4:00 p.m. Proposals received after the above date and time will not be considered. The County is under no obligation to return proposals.
 6. Requests for clarification of this RFP must be written and submitted to Carrie Godfrey at the above address, or at Carrie.Godfrey@erie.gov no later than 4:00 pm on February 25, 2022. A list of questions and answers will be posted on the County website by March 2, 2022. No communications of any kind will be binding against the county, except for the formal written responses to any request for clarification.
 7. Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal. Those Proposers will be notified to arrange specific times.
 8. No proposal will be accepted from nor any agreement awarded to any Proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any Proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.
 9. Information on the Standard Insurance Provisions required of agencies selected as a contractor of this service is included in this RFP. This document is for informational purposes only, and is not to be submitted by the Proposer for the purposes of this RFP.
 10. All potential contract-holders with Erie County shall agree to comply with Executive Order 13 (2014), and the Agency shall make such records available, upon request, to the County's Division of Equal Employment Opportunity for review. (A copy of Executive Order 13 is available here: <http://www2.erie.gov/exec/index.php?q=executive-order-013>). All contract holders will be required to sign the Erie County Equal Pay Certification (attached). The County shall have the right, upon reasonable notice and at reasonable times, to inspect the books and records of the Agency, its offices

and facilities, for the purpose of verifying information supplied in the Erie County Equal Pay Certification and for any other purpose reasonably related to confirming the Agency's compliance with Erie County Executive Order No. 13 (2014). Violation of the provisions of Executive Order 13 (2014), which is attached hereto and made a part hereto and made a part hereof, can constitute grounds for the immediate termination of a contract, and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.

11. All potential contract-holders with Erie County shall agree to comply with New York Executive Order 38 and 18 CRR-NY 409.1. All contract holders will be required to submit a completed EO 38 Disclosure form for each reporting period. By Executive Order 38 from the NYS Governor and the Erie County Executive, administrative costs may not exceed 15% of the requested funds. (A copy of executive order is available here: <https://executiveorder38.ny.gov/>). Administrative costs for potential contract-holders of this service may not exceed 13%, as the Department has administrative costs as well.
12. Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE) proposers shall include the Erie County MBE/WBE Certification letter with their proposal.
13. Proposers who operate a Veteran-Owned Business shall include the letter indicating their company is 51% or more veteran-owned with their proposal.
14. All proposers must disclose the name, title, and department of any employee or officer who is or was an employee or officer of Erie County within the 12 months immediately prior to the proposal.
15. If requested, proposers must provide a list of at least three references from community partners and collaborators or an individual with knowledge of and experience with the specific services being offered.
16. All proposers must provide a list of all prime contractors and subcontractors that their agency does business with related to the service in this RFP.
17. All proposers must include the name of their Language Access Coordinator. A copy of your Language Access Policy is required at contracting.
18. All proposers must include the name of their Americans with Disabilities Act (ADA) Coordinator. A copy of a written ADA policy is required at contracting.

V. SCOPE OF PROFESSIONAL SERVICES REQUIRED

INTRODUCTION

The New York State Rental Supplement Program (RSP) has been established to provide vital rental assistance to individuals and families, regardless of immigration status, who are experiencing homelessness or are facing an imminent loss of housing. Erie County Department of Social Services is seeking a public agency to determine eligibility, substantiate claims and issue supplements for referred eligible individuals and families. Anticipated implementation date is June 1, 2022.

HISTORY AND CONTEXT

The New York State Fiscal Year 2021-2022 Budget appropriated funds to provide rental supplements to individuals and families, both with and without children, who are experiencing homelessness or are facing an imminent loss of housing, regardless of immigration status.

SCOPE OF WORK

The RSP will help meet the needs of underserved populations. Department staff will identify applicants that appear eligible based on preliminary information and refer individuals and families to the selected agency. Approximately 300-500 households are expected to be served.

Eligible participants will consist of:

- 50% Currently in a shelter, recertified annually
- 25% SSI/SSD recipients, recertified annually
- 25% Renters in receipt of Temporary Assistance (TA) for more than 1 year and have earned income in their TA budget, recertified annually

Eligibility criteria include:

- Households must earn no more than 50% of area median income (AMI) at the time of application (using current monthly income for the household and excluding earned income of a minor child; adoption/foster care payments; one-time loans, gifts, lump sum payments or other non-recurring income; and childcare subsidy payments) based on location and household size, with initial priority given to households who earn no more than 30% of AMI;
- A household's financial contribution will be limited to 30% of their households' total earned and/or unearned income; and
- Supplements are to be provided until the household's income reaches 30% or more of their monthly rent, at which point the housing will be considered affordable for the individual/family and the supplement will end.

Agencies may propose to provide one or both of the following services:

- Component One:
 - Determine eligibility within 30 days of referral
 - Notify applicants of determinations
 - Substantiate claims
 - Issue supplement payments to the landlords
 - Retain all notifications regarding eligibility determinations for a minimum of six years following submission of the final expenditure report and have available for OTDA and ECDSS as needed.
 - Provide quarterly reports related to payments made through the RSP (e.g., dates issued, periods covered, households on behalf of which payments are made, payees, supplement amounts, local contribution to the subsidy (where applicable), etc.)
- Component Two:

Provide case management locally to assist individuals with the application process. Referrals will ramp up to approximately 350 cases in the first year and require ongoing case management thereafter. Tasks may include but are not limited to assisting clients in obtaining necessary

documentation, uploading documents, coordination with landlords, helping individuals establish housing and forming a long-term housing plan. Staffing should reflect an ongoing caseload to support clients.

GENERAL REQUIREMENTS:

- Use culturally-sensitive, trauma-informed practices when working with ECDSS clients.
- Provide culturally appropriate services to individuals with special needs; i.e. disabilities, language and cultural barriers, etc., including language translation services, which can be included in budgeted direct operating costs.
- Manage and retain a skilled and appropriately educated workforce.
- Maintain regular communication with ECDSS in a timely manner.
- Adhere to documentation standards as set forth by Federal and State regulation, as well as ECDSS policies.
- Provide staff training and internal quality assurance audits on a regular basis.
- Manage funds from a government funding source and maintain billing systems.
- Submit required data and abide by designated documentation regulations in a timely manner, as instructed, by County in order to claim reimbursement for services.
- Provide OTDA or its designees access to the program records during the course of the project and cooperate with OTDA monitoring and case reviews.
- Ensure the confidentiality of records concerning project participants.

COMPENSATION

- Payments will consist of an advance of 25 percent of the contracted amount. The remaining 75 percent will be reimbursed as follows: reimbursement for oversight of the program shall be performance based, paid quarterly; and rental supplements will be reimbursed as incurred and justified.

VENDOR EXPERIENCE AND QUALIFICATIONS

- Experience preferred; others will be considered if capacity and related experiences are described. Proposal shall detail experience, with years documented.
- Provide a Solution Focused Trauma Informed Care environment incorporating the five principles of collaboration, safety, trustworthiness, empowerment, and choice throughout services to promote resilience and healing.
- Ensure policies, practices, systems, and structures improve outcomes for everyone, prioritizing measurable change in the lives of people of color to eliminate racial disparities and promote racial equity.
- Demonstrate knowledge, experience and understanding of the needs, risks, challenges and opportunities faced by the target population, as well as demonstrate experience in effectively implementing programs that promote positive client outcomes.

PERFORMANCE MEASURES AND DATA COLLECTION

Data and benchmarks to be tracked by vendor include: dates issued, periods covered, households on behalf of which payments are made, payees, supplement amounts, local contribution to the subsidy (where applicable), etc.), the number of households served.

Data and benchmarks to be tracked by ECDSS include: demographic information including receipt of TA, household size and composition, number of contributing household members, household income levels, shelter or homelessness status at the time of application, priority group identification (if applicable) and TA case number (if applicable).

VI. STATEMENT OF RIGHTS

UNDERSTANDINGS

Please take notice, by submission of a proposal in response to this request for proposals, the Proposer agrees to and understands:

- that any proposal, attachments, additional information, etc. submitted pursuant to this Request for Proposals constitute merely a suggestion to negotiate with the County and is not a bid under Section 103 of the New York State General Municipal Law;
- submission of a proposal, attachments, and additional information shall not entitle the Proposer to enter into an agreement with the County for the required services;
- by submitting a proposal, the Proposer agrees and understands that the County is not obligated to respond to the proposal, nor is it legally bound in any manner whatsoever by submission of same;
- that any and all counter-proposals, negotiations or any communications received by a proposing entity, its officers, employees or agents from the County, its elected officials, officers, employees or agents, shall not be binding against the County, its elected officials, officers, employees or agents unless and until a formal written agreement for the services sought by this RFP is duly executed by both parties and approved by the Erie County Legislature and the Office of the Erie County Attorney.

In addition to the foregoing, by submitting a proposal, the Proposer also understands and agrees that the County reserves the right, and may at its sole discretion, to exercise the following rights and options with respect to this Request for Proposals:

- To reject any or all proposals;
- To issue amendments to this RFP;
- To issue additional solicitations for proposals;
- To waive any irregularities or informalities in proposals received after notification to Proposers affected;
- To select any proposal as the basis for negotiations of a contract, and to negotiate with one or more of the Proposers for amendments or other modifications to their proposals;
- To conduct investigations with respect to the qualifications of each Proposer;
- To exercise its discretion and apply its judgment with respect to any aspect of this RFP, the evaluation of proposals, and the negotiations and award of any contract;
- To enter into an agreement for only portions (or not to enter into an agreement for any) of the services contemplated by the proposals with one or more of the Proposers;
- To select the proposal that best satisfies the interests of the County and not necessarily on the basis of price or any other single factor;
- To interview the Proposer(s);
- To request or obtain additional information the County deems necessary to determine the ability of the Proposer;
- To modify dates;
- All proposals prepared in response to this RFP are at the sole expense of the Proposer, and with the express understanding that there will be no claim, whatsoever, for reimbursement from the County for the expenses of preparation. The County assumes no responsibility or liability of any kind for costs incurred in the preparation or submission of any proposal;
- While this is an RFP and not a bid, the County reserves the right to apply the case law under General Municipal Law § 103 regarding bidder responsibility in determining whether a Proposer is a responsible vendor for the purpose of this RFP process;
- The County is not responsible for any internal or external delivery delays, which may cause any proposal to arrive beyond the stated deadline. To be considered, proposals **MUST** arrive at the place specified herein and be time-stamped before the deadline.

EVALUATION

The following criteria, not necessarily listed in order of importance, will be used to review the proposals. The County reserves the right to weigh its evaluation criteria in any manner it deems appropriate:

- A determination that the Proposer has submitted a complete and responsive proposal as required by this RFP.
- Proposers MUST sign the Proposal Certification attached hereto as Schedule "A". Unsigned proposals will be rejected.
- The Proposer's demonstrated capability to provide the services.
- Evaluation of the professional qualifications and experience of program staff.
- The Proposer's experience in performing the proposed services.
- The Proposer's financial ability to provide the services.
- Evaluation of the Proposer's fee submission. It should be noted that while price is not the only consideration, it is an important one.
- An evaluation of the Proposer's projected approach and plans to meet the requirements of this RFP.
- Proposers may be required to give an oral presentation to the County to clarify or elaborate on the written proposal. Any information shared by the Proposer's presentation will be considered while scoring.
- No proposal will be accepted from nor any agreement awarded to any Proposer that is in arrears upon any debt or in default of any obligation owed to the County. Additionally, no agreement will be awarded to any Proposer that has failed to satisfactorily perform pursuant to any prior agreement with the County.

EVALUATION PROCESS

Each proposal will undergo an initial administrative review for completeness. In order for a proposal to be evaluated, it must include all required documents. Upon completion of the administrative review, and at the sole discretion of the Commissioner, the Department will request any missing documentation from the Proposer, and will review all documents for completeness upon receipt of the missing documents. All required documents for a complete proposal, as set forth in this RFP, must be submitted and be completed to the satisfaction of the Department within forty-eight (48) hours of request in order for the proposal to be deemed responsive and eligible for Contract award.

Complete proposals will be judged by a scoring committee. The scoring committee will consist of Department of Social Services employees and experienced individuals from outside the Department. The proposal should be written so as to clearly articulate the services provided to someone not familiar with service delivery.

The proposals will be scored based on the overall proposal, population and goals, program plan, performance measurement, trauma informed, program staffing, accessibility plans, infrastructure, collaboration, experience, MWBE utilization, compliance with RFP requirements and fiscal components.

CONTRACT

After selection of the successful Proposer, a formal written contract will be prepared by the County and will not be binding until signed by both parties and, if necessary, approved by the Erie County Legislature, the Erie County Fiscal Stability Authority and the Office of the County Attorney. NO RIGHTS SHALL ACCRUE TO ANY PROPOSER BY THE FACT THAT A PROPOSAL HAS BEEN SELECTED BY THE COUNTY FOR SUBMISSION TO THE ERIE COUNTY LEGISLATURE AND/OR IF NECESSARY THE ERIE COUNTY FISCAL STABILITY AUTHORITY FOR APPROVAL. THE APPROVAL OF SAID LEGISLATURE AND/OR AUTHORITY MAY BE NECESSARY BEFORE A VALID AND BINDING CONTRACT MAY BE EXECUTED BY THE COUNTY.

The contract will include the submitted proposal and any subsequent agreement with the Department to service provision. The award period will be for a one-year term, with the option to renew for additional terms, subject to annual contract renewal, contingent upon the Proposer's successful implementation of the

program, data collection, monitoring, goal attainment, and compliance with required reporting. Initial award and renewals are subject to inclusion of funding in the County Executive Recommended Budget and as adopted by the Erie County Legislature, as well as, contingent upon availability of New York State funds appropriated for this purpose.

INDEMNIFICATION AND INSURANCE

The Proposer accepts and agrees that language in substantially the following form will be included in the contract between the Proposer and the County:

“In addition to, and not in limitation of the insurance requirements contained herein the Proposer agrees:

(a) that except for the amount, if any, of damage contributed to, caused by or resulting from the negligence of the County, the Proposer shall indemnify and hold harmless the County, its officers, employees and agents from and against any and all liability, damage, claims, demands, costs, judgments, fees, attorneys' fees or loss arising directly or indirectly out of the acts or omissions hereunder by the Proposer or third parties under the direction or control of the Proposer; and
(b) to provide defense for and defend, at its sole expense, any and all claims, demands or causes of action directly or indirectly arising out of this Agreement and to bear all other costs and expenses related thereto.

Upon execution of any contract between the Proposer and the County, the Proposer will be required to provide proof of the applicable insurance coverage.

Insurance coverage in amount and form shall not be deemed acceptable until approved by the County Attorney.

INTELLECTUAL PROPERTY RIGHTS

The Proposer accepts and agrees that language in substantially the following form will be included in the contract between the Proposer and the County:

All deliverables created under this Agreement by the Proposer are to be considered “works made for hire”. If any of the deliverables do not qualify as “works made for hire”, the Proposer hereby assigns to the County all right, title and interest (including ownership of copyright) in such deliverables and such assignment allows the County to obtain in its name copyrights, registrations and similar protections which may be available. The Proposer agrees to assist the County, if required, in perfecting these rights. The Proposer shall provide the County with at least one copy of each deliverable.

The Proposer agrees to defend, indemnify, and hold harmless the County for all damages, liabilities, losses and expenses arising out of any claim that a deliverable infringes upon an intellectual property right of a third party. If such a claim is made, or appears likely to be made, the Proposer agrees to enable the County's continued use of the deliverable, or to modify or replace it. If the County determines that none of these alternatives is reasonably available, the deliverable will be returned.

All records compiled by the Proposer in completing the work described in this Agreement, including but not limited to written reports, source codes, studies, drawings, blueprints, negatives of photographs, computer printouts, graphs, charts, plans, specifications and all other similar recorded data, shall become and remain the property of the County. The Proposer may retain copies of such records for its own use.

NOTE: All contracts executed by the Erie County Department of Social Services will be posted electronically on the Department's website.

NON-COLLUSION

The Proposer, by signing the proposal, does hereby warrant and represent that any ensuing agreement has not been solicited, secured or prepared directly or indirectly, in a manner contrary to the laws of the State of New York and the County of Erie, and that said laws have not been violated and shall not be violated as they relate to the procurement or the performance of the agreement by any conduct, including the paying or the giving of any fee, commission, compensation, gift, gratuity or consideration of any kind, directly or indirectly, to any County employee, officer or official.

CONFLICT OF INTEREST

All Proposers must disclose with their proposals the name of any officer, director or agent who is also an employee of the County. Further, all Proposers must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent (10%) or more in the firm or any of its subsidiaries or affiliates.

There shall be no conflicts in existence during the term of any contract with the County. The existence of a conflict shall be grounds for termination of a contract.

COMPLIANCE WITH LAWS

By submitting a proposal, the Proposer represents and warrants that it is familiar with all federal, state and local laws and regulations and will conform to said laws and regulations. The preparation of proposals, selection of Proposers and the award of contracts are subject to provisions of all Federal, State and County laws, rules and regulations.

CONTENTS OF PROPOSAL

The New York State Freedom of Information Law as set forth in Public Officers Law, Article 6, Sections 84 et seq., mandates public access to government records. However, proposals submitted in response to this RFP may contain technical, financial background or other data, public disclosure of which could cause substantial injury to the Proposer's competitive position or constitute a trade secret. Proposers who have a good faith belief that information submitted in their proposals is protected from disclosure under the New York Freedom of Information Law shall: a) insert the following notice in the front of its proposal:

"NOTICE

The data on pages ____ of this proposal identified by an asterisk (*) contains technical or financial information constituting trade secrets or information the disclosure of which would result in substantial injury to the Proposer's competitive position.

The Proposer requests that such information be used only for the evaluation of the proposal, but understands that any disclosure will be limited to the extent that the County considers proper under the law. If the County enters into an agreement with this Proposer, the County shall have the right to use or disclose such information as provided in the agreement, unless otherwise obligated by law."

and

b) clearly identify the pages of the proposals containing such information by typing in bold face on the top of each page " *** THE PROPOSER BELIEVES THAT THIS INFORMATION IS PROTECTED FROM DISCLOSURE UNDER THE STATE FREEDOM OF INFORMATION LAW."**

The County assumes no liability for disclosure of information so identified, provided that the County has made a good faith legal determination that the information is not protected from disclosure under applicable law or where disclosure is required to comply with an order or judgment of a court of competent jurisdiction.

The contents of the proposal which is accepted by the County, except portions "Protected from Disclosure", may become part of any agreement resulting from this RFP.

EFFECTIVE PERIOD OF PROPOSALS

All proposals must state the period for which the proposal shall remain in effect (i.e. how much time does the County have to accept or reject the proposal under the terms proposed). Such period shall not be less than one hundred eighty (180) days from the proposal date.

(For Informational Purposes Only)

ERIE COUNTY EQUAL PAY CERTIFICATION

In order to comply with Executive Order 13 dated November 6, 2014, we hereby certify that we are in compliance with federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law"). We understand that this certification is a material component of this contract. Violation of the provisions of Executive Order 13, which is attached hereto and made a part hereof, can constitute grounds for the immediate termination of this contract and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.

We have evaluated wages and benefits to ensure compliance with the Equal Pay Law. We certify that we have not been the subject of an adverse finding under the Equal Pay Law within the previous five years and, in the alternative, if we were the subject of an adverse finding under the Equal Pay Law within the previous five years, we have annexed a detailed description of the finding(s). In addition, we have annexed a detailed description of any currently pending claims under the Equal Pay Law in which we are involved.

Contractor Signature

Verification

STATE OF _____)
COUNTY OF _____) SS:

A)

_____, being duly sworn, states he or she is the owner of (or a partner in) _____, and is making the foregoing Certification and that the statements and representations made in the Certification are true to his or her own knowledge.

OR

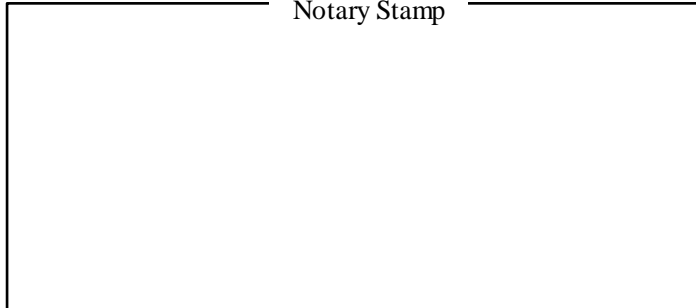
B)

_____, being duly sworn, states that he or she is the _____, of _____, the enterprise making the foregoing Certification, that he or she has read the Certification and knows its contents, that the statements and representations made in the Certification are true to his or her own knowledge, and that the Certification is made at the direction of the Board of Directors of the Corporation.

Sworn to before me this _____
day of _____, 20____

Notary Public

Notary Stamp



GUIDELINES FOR STANDARD INSURANCE PROVISIONS REQUIRED

(for Informational Purposes Only)



County of Erie Standard Insurance Certificate

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.															
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).															
PRODUCER	CONTACT NAME _____ PHONE (A/C No., Ext) _____ FAX _____ EMAIL _____ A/C No. _____ ADDRESS _____ PRODUCER _____ CUSTOMER ID #: _____														
INSURED	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr><td>INSURER A:</td><td></td></tr> <tr><td>INSURER B:</td><td></td></tr> <tr><td>INSURER C:</td><td></td></tr> <tr><td>INSURER D:</td><td></td></tr> <tr><td>INSURER E:</td><td></td></tr> <tr><td>INSURER F:</td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A:															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> WC STATUS <input type="checkbox"/> OTH ER- TORY LIMITS: \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER County of Erie 95 Franklin St Buffalo NY, 14202	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE _____
--	--

X. FOR COUNTY USE ONLY:

Name of County Dept. Requesting Certificate	_____
Purchase Order or Contact Number	_____
Vendor Insurance Classification	_____

INSTRUCTIONS FOR COUNTY OF ERIE STANDARD INSURANCE CERTIFICATE

I. Insurance shall be procured and certificates delivered before commencement of work or delivery of merchandise or equipment.

II. CERTIFICATES OF INSURANCE

A. Shall be made to the "County of Erie, 95 Franklin St, Buffalo NY, 14202"

B. Coverage must comply with all specifications of the contract.

C. Must be executed by an insurance company, agency or broker, which is licensed by the Insurance Department of the State of New York. If executed by a broker, notarized copy of authorization to bind or certify coverage must be attached.

III. Forward the completed certificate to: County of Erie, (Department or Division) responsible for entering into the agreement for construction, purchase, lease or service.

IV. Minimum coverage with limits are as follows:

Vendor Classification	A Construction and Maintenance	B Purchase or Lease of Merchandise or Equipment	C Professional Services	D Property Leased To Others Or Use Of Facilities Or Grounds	E Concessionaires Services	F Livery Services	G All Purposes Public Entity Contracts
Commercial Gen. Liab.	\$1,000,000 per occ.	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000	\$1,000,000 CSL	\$1,000,000	\$1,000,000 CSL
General Aggregate	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Products Completed Operations Liability	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Blanket Broad Form Contractual Liability	INCLUDE						
Contractual Liability		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Broad Form P.D.	INCLUDE						
X.C.U. (explosion, collapse, Underground)	INCLUDE						
Liquor Law				INCLUDE	INCLUDE		
Auto Liab.	\$1,000,000 CSL		\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL	\$1,000,000 CSL
Owned	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Hired	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Non-Owned	INCLUDE		INCLUDE	INCLUDE	INCLUDE	INCLUDE	INCLUDE
Excess/Umbrella Liab.	\$5,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$5,000,000	\$1,000,000
Worker's Compensation & Employer's Liability	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY
Disability Benefits	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY	STATUTORY
Professional Liability			\$5,000,000				
Erie County, To Be Named Add'l Insd.	Gen. Liab., Auto Liab., & Excess	Broad Form Vendors May Be Required	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess	Gen. Liab., Auto Liab., & Excess

V. Construction contracts require excess Umbrella Liability limits of \$5,000,000.

VI. Coverage must be provided on a primary-non contributory bases.

VII. Designated Construction Project General Aggregate Limit Per Project Endorsement CG 25 03 is required.

In the event the concessionaire is required to have a N.Y.S. license to dispense alcoholic beverages an endorsement for liquor liability is required.

IX. Waiver of Subrogation: Required on all lines unless noted

X. Transportation of people in buses, vans or station wagons requires \$5,000,000 excess liability.

XI. Workers Compensation: State Workers' Compensation / Disability Benefits Law

Use Applicable Certificates Below:

Workers Compensation Forms

CE-200	Exemption
C105.2	Commercial Insurer
SI-12	Self Insurer
GSI-105.2	Group Self Insured
U-26.3	New York State Insurance Fund

DBL (Disability Benefits Law) Forms

CE-200	Exemption
DB-120.1	Insurers
DB-155	Self Insured

XII. The "ACORD" form certificate may be used in place of the County of Erie Standard Insurance Certificate, provided that all of the above referenced requirements are incorporated into the "ACORD" form certificate.

PROPOSAL REQUIREMENTS

In order for Proposers to be considered for an award, the terms, conditions and instructions contained in this RFP and attachments must be met. Any proposals which do not meet these criteria may be considered non-responsive. Currently funded programs must re-apply in order to be considered for continued funding.

Your proposal must be comprised of 2 sections, presented as separate documents:

- Appendix A
 - Proposal to Provide Service
 - Signed Schedule A
 - References and data from similar work demonstrating the agency's ability to:
 - review outcomes and meet performance measures
 - maintain adequate staffing levels with trained staff
 - meet required timeframes
 - demonstrate leadership and proactive involvement in planning procedures
 - communicate within the agency and with ECDSS
 - understand laws and meet regulatory expectations
- Appendix B
 - Signed Fiscal Form
 - Most recent Audit report prepared by an independent CPA
 - Most recent Management Letter
 - Listing of Officers and Board of Directors

An electronic version of Appendix A is available on the Erie County Department of Social Services (ECDSS) website:

<https://www3.erie.gov/socialservices/sites/www3.erie.gov.socialservices/files/2022-01/Appendix%20A%20-%20January%202022.docx>

An electronic version of Appendix B is available on the ECDSS website:

<https://www3.erie.gov/socialservices/sites/www3.erie.gov.socialservices/files/2022-01/Appendix%20B%20-%20January%202022%20--.xlsx>

Please note: Indirect Administrative Costs must be itemized or a copy of your Federal Indirect Cost Rate must be attached.

By application, you certify that your agency can provide the following documentation at any time during the course of the selection process: (You do not need to provide it now, only if asked.)

- Proof of 501(c)(3) status, if applicable.
- Agency's most recent organizational chart and a letter of support signed by the CEO and the Board President.
- Resumes for all program staff (associated with the proposed service), including administrators, program supervisors, direct service staff and aides.
- References or letters of testimony from other agencies for whom you have provided this or a similar service, with contact information.

Applications are expected to comply with stated guidelines including but not limited to desired program outcomes identified in the Request for Proposal (RFP). It will be the responsibility of the applicant to submit proposals consistent with the RFP requirements. By applying, your agency asserts that the Request for Proposal document has been reviewed in its entirety and that, if selected, the agency will abide by the conditions for funding set forth therein.

RFP Appendix A: Proposal to Provide Service



RFP APPENDIX A: Proposal to Provide Service

Department of Social Services
RFP#A2022-002VF

All fields must be completed. If not applicable, list "N/A". Incomplete proposals may be considered non-responsive.

AGENCY INFORMATION

(If submitting electronically, this information will be completed upon upload)

Official Agency Name		
Agency Name –List another name if used.		
Agency Telephone Number		
Agency Mailing Address		
City	State	Zip
Website address (if applicable)		
Leadership - List the name of your agency's Chief Executive Officer, Executive Director, or President.		
Leader's E-mail Address		
Contact Person for proposal		
Contact Person's Telephone Number		
Contact Person's E-mail Address		
501(c)(3) not-for-profit entity <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subcontractors - List all subcontractors that your agency does business with related to this service.		
Amount of Funding Request to ECDSS for this proposed contract \$		
Unit of Service for this proposal (e.g.: hour):		
Number of units to be served		
Cost per unit of service for this proposal (county funding + in-kind)/# units:		

RFP Appendix A: Proposal to Provide Service



RFP Appendix A: Proposal to Provide Service
Department of Social Services
RFP#A2022-002VF

Agency Name - List the official name of your organization.
Federal Employer ID# (FEIN) - Please provide your agency's Employer Identification Number.
DUNS # - List your DUNS (data universal number system) Number assigned by Dun & Bradstreet, if applicable.
501(c)(3) not-for-profit entity - If non-profit, please provide date established as 501(c)(3).
Language Access Coordinator - List the name of the designated Language Access Coordinator.
ADA Coordinator - List the name of the designated ADA Coordinator.
Erie County Employees - Name, title, and department of any employee or officer who was an employee or officer of Erie County within the 12 months immediately prior to the proposal.

- ☐ Certified Minority Business Enterprise/ Women's Business Enterprise (MBE/WBE) Certification Letter attached
- ☐ Letter indicating agency is 51% or more veteran-owned attached

PROGRAM INFORMATION

Start of Program Operations

Describe your agency's ability to implement and staff the program in a timely manner, including provision of services, effective the date noted in the RFP.

Program Summary

Provide a brief summary description of the program including the agency and program name, population served, and key program features.

TARGET POPULATION SERVED & GOALS

Description

Identify the target population, geographic areas to be served, and capacity for service.

Special Populations

Describe any specialized services and resources, including accommodation of those with special needs, language translation and cultural differences.

Capacity

Indicate the proposed number of individuals or families to be served at a given time, the total number of individuals or families to be served in a year, as well as an explanation as needed.

Number of individuals or families to be served at a given time:	
---	--

Total number of individuals to be served in a year:	
---	--

Total number of families to be served in a year:	
--	--

RFP Appendix A: Proposal to Provide Service

Experience

Describe experience agency has working with the target population, and reasons it is equipped to assist this group.

CULTURAL COMPETENCY

Racial Equity, Diversity and Inclusion

Describe how racial equity is promoted and methods implemented to increase awareness, attitude, knowledge, and skills so as to prioritize measurable change in the lives of people of color.

Describe what group(s) has experienced disparities related to this program and whether their thoughts and knowledge are included in the program design. If so, how and if, not why.

Explain whether the program produces any intentional benefits or unintended consequences for the population impacted.

Describe whether the program results in a systemic change that addresses institutional racism.

PROGRAM PLAN

Program Design

Describe the service delivery model that will be used. Specify if this has been designated as an evidenced-based or promising practice by any authoritative organization. Describe how fidelity to this model will be kept.

Availability

Provide information about your days and hours of service availability as well as time frames for intake and engagement.

Location(s) of Service

Provide information for all program locations including any satellite locations where you operate.

Process

Describe the criteria and process for serving referred individual(s), include intake and termination protocols.

Specify how you will communicate approvals, denials, and changes securely with the Department.

Indicate the payment mechanism (e.g., check, transfer of funds, etc.) and whether the supplement will be paid to the tenant or the landlord.

Describe how you will ensure that the rental costs are legitimate and the responsibility of the recipient and whether leases will be required of all tenants.

Indicate whether there will be any health and safety standards regarding the housing that must be met prior to paying the supplement at a specific location.

RFP Appendix A: Proposal to Provide Service

Explain how contributions towards rental costs from individuals outside the household will be verified and what standards will be applied in determining whether such contributions can be sustained in the future.
Describe how modifications will be handled (e.g., moves, rent increases, changes in household composition, etc.) and whether the recipient household will be required to report changes related to the supplement within a set timeframe as a condition of continued eligibility for the supplement.
Specify standards that will be followed in determining whether supplementation will continue following a move.
Indicate how fraudulent and/or cases determined to otherwise be ineligible will be handled, including the procedure for recouping funds, if necessary.
Describe how you will ensure that households do not receive duplicate benefits from other sources that may assist with paying future rent/ongoing rental supplements.
Indicate how client records will be maintained (e.g., paper file cabinets, electronic records, or a combination of both) and whether any specific software or system will be used.
Indicate how the progress of those served in the RSP will be monitored.
Safety Provide information regarding the time of day that services are offered, security personnel available, open doors or locked, waiting room appearance, etc.
Collaboration Discuss any partnerships or networks that are used to meet your program participant needs.
Program Difference Provide any other information that you feel would distinguish your agency's approach to the delivery of the requested services, including any prior experiences and successes.

PERFORMANCE MEASUREMENT

Performance Measures Describe your proposed approach to program evaluation and reporting to ECDSS. Clearly define how this project will meet the performance targets associated with this RFP, including follow-up, as well as how you will monitor compliance, outcome-based performance and implement a plan for quality improvement. Specify how poor performance will be addressed when requested by ECDSS or when the outcomes of the program fail to be achieved.
Data Collection Describe how you collect program data, including specific procedures, tools and frequency.

TRAUMA-INFORMED CARE

Implementation

Describe if, and how, your agency implements trauma-informed care, specifically how it understands, recognizes, and responds to the effects of trauma.

BUDGET

Billing

Describe how your agency monitors and verifies the accuracy and sufficiency of its billing system to assure all claims made are proper and that adjustment is sought when issues are identified.

PROGRAM STAFFING

Program Staff

Describe program staff, including job titles, responsibilities, level of education/credentials, qualifications, experience and training that will be required for each position. Specify their role in providing the services and supervision protocols.

Job Title	Responsibilities	Qualifications	Supervisor Job Title

Professional Development

Describe all mandatory or optional professional development opportunities, including trainings, available to program staff.

SCHEDULE A
PROPOSER CERTIFICATION

The undersigned agrees and understands that this proposal and all attachments, additional information, etc. submitted herewith constitute merely an offer to negotiate with the County of Erie (the "County") and is NOT A BID. Submission of this proposal, attachments, and additional information shall not obligate or entitle the proposing entity to enter into a service agreement with the County for the required services. The undersigned agrees and understands that the County is not obligated to respond to this proposal nor is it legally bound in any manner whatsoever by the submission of same. Further, the undersigned agrees and understands that any and all proposals and negotiations shall not be binding or valid against the County, its directors, officers, employees or agents unless an agreement is signed by a duly authorized County officer and, if necessary, approved by the Erie County Legislature, the Office of the County Attorney and/or the Erie County Fiscal Stability Authority.

It is understood and agreed that the County reserves the right to reject consideration of any and all proposals including, but not limited to, proposals which are conditional or incomplete. It is further understood and agreed that the County reserves all rights specified in the Request for Proposals (RFP).

It is understood and agreed that the undersigned, prior to entering into an agreement with Erie County, will properly execute the County of Erie Standard Insurance Certificate (example on pp. [] of this RFP), and that it will be complete and acceptable to Erie County.

It is represented and warranted by those submitting this proposal that except as disclosed in the proposal, no officer or employee of the County is directly or indirectly a party to or in any other manner interested in this proposal or any subsequent service agreement that may be entered into.

Proposer Agency Name

By:

Signature

Name and Title



APPENDIX B - RFP Fiscal Calculations

RFP APPENDIX B: Fiscal

Department of Social Services
RFP#A2022-002VF

FINANCIAL INFORMATION

Payee Name of Agency (if different than Legal Name)
Financial Contact Person Name/Title
Street Address/City/State/Zip
Agency's Fiscal Year (Start date - End date)
Amount of Funding Request to ECDSS for this proposed contract
FY of Request (Start date - End date)

UNIT COST

Unit of Service for this proposal as defined in the RFP (e.g.: hour):	
Number of units to be served	
Cost per unit of service for this proposal (county funding + in-kind)/# units:	

SUPPLEMENTARY APPLICATION INFORMATION

Provide one copy of the most current information as noted below. These materials cannot be returned.

- Most recent Audit report prepared by an independent CPA
- Most recent Management Letter
- Listing of Officers and Board of Directors

V. CERTIFICATION

The undersigned certifies that he or she is a principal officer of the applicant agency and has knowledge of, and certifies that the information contained herein is complete and accurate.

Furthermore, the undersigned certifies that the applicant sponsored programs, services and activities are available to the general public, advertised as such, and not subject to discrimination based on sex, race, creed, religion or national heritage.

SIGNATURE

DATE

NAME/TITLE

APPENDIX B - RFP Fiscal Calculations

AGENCY:

RFP# and NAME

FUNDING PERIOD:

The Budget Calculation pages request information in the following tables:

- 1) Summary Funding Request
- 2) Direct Program Expense Budget - County Funded
- 3) Administrative Overhead - County Funded
- 4) Agency In-Kind or Indirect Service Contributions
- 5) Revenue
- 6) Rate Calculation
- 7) Flex Fund Request (if applicable)
- 8) Staffing Review - Program Related County Funded
- 9) Staffing Review - Administrative County Funded

It is recommended that items 8 and 9 on the Staffing Detail be completed first. Blue highlighted cells contain formulas and will populate automatically.

Indicate in the following budget tables estimated program and administrative expense and revenue for the proposed fiscal year. Comparative current year funding information should be included if the agency is requesting a continuation of a program funded by the Department of Social Services.

- 1) SUMMARY FUNDING REQUEST (All cells will populate automatically from information entered in Tables 2-9)

SUMMARY PROGRAM COST AND REVENUE	Current Contract	Proposed Budget
Total Direct Program Operating Expense	-	-
Total Administrative Overhead Expense	-	-
Flex Funds - County Funded	-	-
TOTAL COUNTY FUNDED PROGRAM EXPENDITURES	-	-
In-Kind Agency Expenditures	-	-
TOTAL PROGRAM EXPENDITURES	-	-
REVENUE	Current Contract	Proposed Budget
County Funding	-	-
Agency In-Kind Revenue	-	-
TOTAL REVENUE (Should match total Program Expense)	-	-

Agency In-Kind Revenue as % of Total Revenue	-	-
--	---	---

APPENDIX B - RFP Fiscal Calculations

2) DIRECT PROGRAM EXPENSE BUDGET - County Funded

Indicate all expense items related to the direct provision of program services, including only **cash expenditures that will be provided with County funds**. Do not include Agency in-kind contributions or County Flex Funds.

DIRECT PROGRAM EXPENSE - County Funded	Current Contract	Proposed Budget
Direct Program Staffing (from Staffing Table 8)		
Total Salaries, Wages	-	-
Total Fringe Benefits	-	-
Subtotal Salary and Fringe Benefits	-	-
Direct Operating Expense:		
Employee travel/mileage		
General program related supplies		
Postage		
Maintenance and repairs		
Phones		
Utilities		
Insurance (directly related to program)		
Lease/Rent Vehicle		
Translation/Interpretation		
Equipment (List items):		
Contracted Client Services (List contracts):		
Contracted Services Not Client Related (List contracts):		
Other (specify):		
Subtotal Direct Operating Expense	-	-
TOTAL DIRECT PROGRAM COSTS	-	-

APPENDIX B - RFP Fiscal Calculations

3) ADMINISTRATIVE OVERHEAD - County Funded

County funded Administrative Overhead cannot exceed 15% of the total Direct Service Program Budget and must be consistent with the requirements of NYS Executive Order 38. Detail agency cash expenditures only.

Administrative Overhead - County Funded	Current Contract	Proposed Budget
Personal Services (From Staffing Table 9)		
Total Salaries, Wages	-	-
Total Fringe Benefits	-	-
Subtotal Administrative Salary and Fringe Benefits	-	-
Administrative Operating Expense:		
Please itemize below:		
Staff Development		
Public Relations		
Audit, Legal, Cons. Fees		
Dues, Licenses, Permits		
Other (Please list items below):		
Subtotal Administrative Operating Expense	-	-
Total Administrative Overhead	-	-
Total Direct Program Costs (from table 2)	-	-
Administrative Expense as Percent of Program Cost Not to Exceed 15%	-	-

4) AGENCY IN-KIND or INDIRECT SERVICE CONTRIBUTION

In-Kind donations, or indirect services, are defined as the provision of services by an agency for support of the program specified in this contract without charge to the county. Examples can be the use of space, equipment or the provision of staff time either program or administrative. The source of funds for these items may not be State, Federal or other County funded programs. In-Kind donations are not required but helps the Department of Social Services maximize revenue.

In-kind Donations (List type of in-kind or indirect service contributions specific to this proposal along with an estimated value)	In-Kind Contribution Value Current Contract	In-Kind Contribution Value Proposed Budget
Total In-Kind	-	-

APPENDIX B - RFP Fiscal Calculations

5) REVENUE

Detail below all revenue sources directly related to the total proposed program.

Revenue	Current Contract	Proposed Budget
Total Funds Requested from the County (Program plus Flex)		
Source of Agency In-Kind Services:		
Total Revenue	-	-

6) RATE CALCULATION

The agency reimbursement rate calculation excludes Flex Funds and In-kind services estimates.

Agency Reimbursement Rate Calculation	Current Contract	Proposed Budget
Total Direct and Administrative Program Costs	-	-
Units of Services from Program Description		
Hourly Unit of Service Cost - Agency Reimbursement Rate	-	-

7) FLEX FUNDS REQUEST - (Only for agencies who received DSS prior flex fund approval)

Provide a summary of the type of items that may be purchased with Flex funds. The maximum allocation is \$10,000. Flex funds are for client special needs and wrap around services. Payments will be subject to pre-approval by assigned caseworker. Flex funds are listed for direct reimbursement purposes and are not included in rate calculation.

FLEX FUNDS - County Funded	Current Contract	Proposed Budget
Total Flex Fund Request	-	-

APPENDIX B - RFP Fiscal Calculations

8) STAFFING REVIEW PROGRAM RELATED - COUNTY FUNDED

In the following columns list all proposed direct program related staff. Indicate full or part time employees and the percent of time involved in the proposal. Comparative prior year staffing levels should be included if the agency is requesting a continuation of a program previously funded by the Department of Social Services.

Direct Program Related Staffing	Current Contract				Proposed Contract			
		% of Time		Total Current Budget		% of Time		Total Proposed Budget
	# of Staff		Annual Salary		# of Staff		Annual Salary	
Full Time Position Title:				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
Part Time Position Title:				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
	Total Salary:			-	Total Salary:			-
Direct Program Related Fringe	Rate			Total Current Budget	Rate			Total Proposed Budget
FICA								
Pension/Retirement								
Workers' Comp.								
State Disability Insurance								
Life Insurance								
Health Insurance								
Other (List items):								
Total Fringe Benefit Cost:				-				-
Fringe Benefits as percent of total salary:				-				-
Please attach fringe benefit rate sheet and explanation if total fringe exceeds 35%								

9) STAFFING REVIEW ADMINISTRATIVE - COUNTY FUNDED 0

In the following columns list all administrative staff. Indicate full or part time employees. Include all Full and Part-Time Executive, Administrative Support and Clerical Staff who do not provide direct client service and service supervision. Comparative current year staffing levels should be included if the agency is requesting a continuation of a program previously funded by the Department of Social Services.

Administrative Staffing Detail	Current Contract				Proposed Contract			
	# of Staff	% of Time	Annual Salary	Total Current Budget	# of Staff	% of Time	Annual Salary	Total Proposed Budget
Full Time Position Title:								
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
Part Time Position Title:				-				-
				-				-
				-				-
				-				-
				-				-
				-				-
Total Salary:			-	-			-	-
Administrative Fringe	Rate			Total Current Budget	Rate			Total Proposed Budget
FICA								
Pension/Retirement								
Workers' Comp.								
State Disability Insurance								
Life Insurance								
Health Insurance								
Other (Please list):								
Total Fringe Benefit Cost:				-				-
Fringe Benefits as percent of total salary:				-				-
Please attach fringe benefit rate sheet and detailed explanations if total fringe exceeds 35% of salary.								